V. Study upon Luxations of the Interarticular Menisci of the Knee. By DR. BRAQUEHAYE. Author collected from the literature of the subject sixteen observations of these very rare luxations and added one new case. On the basis of his studies he reaches the the following conclusions: 1st, the luxation may be external or internal, corresponding to the luxated meniscus and anteriorly or posteriorly from the lateral ligaments. 2d, the luxation in an external and anterior direction is the most frequent; inward and posterior most rare. 3d, the luxation occures only in cases of flexion of the knee, the limbs being separated. 4th, predisposing causes are (*a*) juvenile age, the joint surfaces of the menisci of children being not so smooth as adult, but having an anterior and posterior facet, and the condyles of the femur gliding over the latter, the intermediate discs fastened at the tibia or capsule moving anteriorly; (*b*) diseases of the joint as rheumatism, particularly hydarthrosis. 5th, the direct causes include all traumatisms that stretch or tear the lateral ligaments; further, certain movements in the joint producing relaxation of the ligaments, as for instance, rising from a stooping position.

The symptoms of the injury consist at first of an audible cracking accompanied by a violent pain. When the luxation is complete extension is impossible, and the patient is unable to place the foot on the ground. Usually he accomplishes reduction himself, but the same appearances recur, flexion and tension upon the extremity being repeated. At the side of the patella a small hard flattened body is clearly prominent. An effusion in the joint does not occur usually immediately after the accident, but more frequently later on. The symptoms of luxations backward are very similar to those anteriorly. If the prominence is not clearly felt the diagnosis may often be obscure.—*Journ de Med. de Bordeaux*, 1892, No. 30, p. 32.

GEORGE RYERSON FOWLER (Brooklyn).

VI. Fibro-Plastic White Swelling, Tubercular Arthritis with Fibro-Plastic and Fatty Hyperplasia of the Synovial Membrane. By DR. E. NICAISE, Paris. Dr. Nicaise reports four cases of disease of the knee-joint, tubercular in origin, but differing to such a degree from the ordinary cases of tubercular arthritis as to lead

to the possibility of an error in diagnosis. He says that in rare cases of tubercular joints, where the disease has continued with only a moderate intensity for a long time, there is a constant surplus of nutritive material and a new connective tissue forms between the fibres of the old connective tissue. This is hyperplasia, formation of fibro-plastic material. This disturbance of nutrition never directly produces any destruction of tissue, its continuance, on the contrary, produces new tissue. It can only take its point of origin from the tubercular nodule and it may give rise to a very considerable tumor. In the first case reported the synovial membrane measured from 3—4 cm. in thickness and the knee measured 41 cm. in circumference. The circumference of the knee in the second case was the same as the first, while the knee on the healthy side was only 31 cm.

The first impression in these cases is that they are peri-articular osteo-sarcomata, a sarcoma or a lipoma of the synovial membrane, but the recurrence of inflammatory attacks soon settles the diagnosis.

In the first case there were two abscesses, one communicating with the articulation the other developed over the tibia above the point where a sequestrum had formed, but it did not communicate with the bone. These abscesses were tubercular, with serous exudation and formation of fibro-fatty off-shoots which owed their formation to a particular disturbance of nutrition which has been found in the articular synovial membrane. The articular synovial membrane of the knee was transformed into a yellowish, fatty, fibro-plastic tissue of considerable thickness in front and laterally with vascularization of the skin and development of the subcutaneous veins, which might easily have been mistaken for sarcoma. From the side of the articular-cavity this fibro-fatty mass presented some yellowish off-shoots which filled up the articulation. Under the microscope this mass and the off-shoots were found to be composed of fibro-plastic tissue infiltrated with a great quantity of fat and enclosing arterioles which were affected by endarteritis and sometimes even obliterated. The surfaces of these off-shoots are covered by an amorphous bed, non-organized, which was thought to be composed of synovial concretions.

The evolution was slow without setting up acute inflammatory processes, and without the complication of suppuration from pyogenic

virus. There was no formation of the ordinary fungous tissue made up almost exclusely by embryonic elements nor of lardaceous tissue, but it was composed of a tissue of which the elements had a more complete organization, thanks to the slowness and slight intensity of the irritative process.

The inflammatory nutritive difficulty caused by the presence of tubercle produced this particular degeneration of the synovial membrane which resulted in a fibro-plastic tissue infiltrated with fat. Not only did it cause degeneration of the synovial membrane but the irritative process, far from causing destruction has caused on the contrary a hyperplasia, a sort of tumor. The progress of the disease shows that this degeneration of the synovial membrane is primary and that it was not preceded by a formation of fungous tissue, becoming lardaceous later and lastly becoming fibro-plastic and fatty.—*Revue de Chirurgie*, 10 October, 1892.

SAMUEL LLOYD, (New York.)

GYNECOLOGICAL.

I. Sarcoma of the Uterus. By DR. TERILLON (Paris). The author gives a very valuable contribution to our knowledge of sarcoma of the uterus, based upon 14 personal observations. Two principal forms are distinguished, namely, sarcoma of the mucous membrane of the uterus and interstitial sarcoma. Both forms may be combined to a greater or less extent with each other, in each case the disease of either tissue exercising a marked influence upon the other and upon the enlargement of the organs and uterine cavity as well. Nevertheless, in most instances, the two forms are well characterized. The author describes two varieties of sarcoma of the mucous membrane, and likewise two varieties of the interstitial variety. The first variety of the mucous membrane group is characterized by knobby swellings, while the second is the ulcerative form (The polypoid variety is not mentioned, G. R. F.). The first of the interstitial types is characterized by considerable hypertrophy of the entire uterus, the whole thickness of its muscular structure being apparently attacked